DERMATOLOGY.

UNDER THE CHARGE OF

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The Etiology and Histology of Parasitic Sycosis.

ULLMAN has recently published the results of a clinical, bacteriological, and histological study of eight cases of this affection (*Wiener klinische Wochenschrift*, 1896, Nos. 18, 19, and 20). As the result of his investigation he agrees with Sabouraud as to the existence of an ectotrichal form of trichophytosis in which the elements of the fungus remain in the hair-sheath without entering the substance of the hair. In all the cases except one the form of fungus was that described by Sabouraud as *tricophyton mégalosporon pyogène du cheval à culture blanche;* in two of the cases other micro-organisms were present (staphylococci). Differences in the extent and intensity of the affection are to be explained by different degrees of virulence of the organism; by varying sensitiveness of the skin, according to age, race, locality; the chemical reaction of the sweat; cleanliness; neglect of the skin. In one of the cases studied small vesicles filled with serum and pus were present, together with large patches deprived of epithelium and covered with pus and crusts, so that the case was regarded as an impetigo contagiosa until the microscope revealed the presence of fungus. The author believes there are two kinds of impetigo which clinically resemble one another, the one due to the trichophyton, the other to staphylococci.

The histological changes which accompany the process begin with the entrance of the fungus into the hair-follicle. Inflammatory changes occur in the parts around the follicle, evidently through the action of toxins formed by the fungus. There arises first a cellular infiltration in the tissues around the follicle, a perifolliculitis, which in the beginning consists chiefly of mononuclear leucocytes; later, increasing numbers of polynuclear leucocytes appear, which penetrate the internal and external root-sheaths. In this way the cavity of the follicle becomes enlarged and its walls thinned and finally destroyed. The suppuration of the hair-follicle leads not only to falling out of the hair, but to destruction of the sebaceous glands belonging to the follicle. A remarkable feature of the whole process is the remote effects of the presence of the trichophyton in the follicle, which can only be explained by the supposition that the fungus forms a toxin which produces inflammation in the follicular tissues. Another remarkable feature is the presence of giant-cells. All the cases were due to the same fungus, and the author believes this fungus capable of exciting suppuration without the intervention of other micro-organisms.

ACUTE PEMPHIGUS.

In a paper based upon the study of seventeen cases **PERNET** and **BULLOCH** present the following conclusions (*British Journal of Dermatology*, May and June, 1896):

1. There is a group of rare cases of acute bullous eruption, accompanied by severe constitutional symptoms, and generally terminating fatally, which affects butchers.
2. The disease follows a wound of the hands or fingers.
3. It is probably due to a micro-organism.
4. The same etiological factors are probably at work in another group of very similar cases, in which the patients are brought into contact with animals or dead portions of animals.

THE ANATOMICAL CHARACTERS OF DUHRING'S DISEASE (DERMATITIS HERPETIFORMIS).

At the séance of June 11, 1896, of the Société Francaise de Dermatologie et de Syphiligraphie (*Annales de Dermatologie et de Syphiligraphie*, 1896, No. 6), **LEREDDE** made a further communication concerning his researches upon the alterations of the blood and of the skin in dermatitis herpetiformis. In the examination of the blood and the contents of the vesicles and bullæ the following technique is employed: A drop of blood is placed upon the slide and spread out into a thin layer by drawing another slide over it. After it has dried it is fixed in alcoholic ether and dried again. It is stained by Meyer's hæmatin for five minutes, washed, and then passed rapidly through the following solution: eosin, 1; alcohol, 100; orange, 1; water, 100; mix.

Leredde maintains that, while eosinophilia may be found in other diseases, it is not associated in these with the excretion of eosinophilous cells by the skin; it is the union of these two which is characteristic of Duhring's disease.

CHRYSAROBIN AND CHRYSOPHANIC ACID.

In a paper read before the Dermatological Society of Great Britain and Ireland (*British Journal of Dermatology*, July, 1896) **DR. WALTER G. SMITH** considered the chemistry and therapeutic properties of these two substances. Chrysophanic acid does not stain like chrysarobin, and is scarcely at all irritating; but the comparative experiments made with the two substances in the treatment of psoriasis lead to the conclusion that the former is not an efficient substitute for the latter in the treatment of this disease.

SOME ARSENICAL PREPARATIONS AND THEIR EMPLOYMENT IN DERMATOLOGY.

DANLOS, seeking to replace the ordinary pharmaceutical preparations of arsenic with others less irritating and poisonous, has experimented with the metalloid arsenic, with the sulphuret, and with cacodylic acid (*Annales de Dermatologie et de Syphiligraphie*, 1896, No. 6). The first of these was administered suspended in honey, in a daily dose of 15 to 30 centigrammes. Given in psoriasis it produced very manifest improvement and finally disappearance of the eruption without any untoward effects. The sulphuret was likewise successfully employed in the treatment of psoriasis. Cacodylic acid was experimented with because it is said to be non-toxic, and, on account of its solubility, readily absorbable. It was administered in daily doses of 25 centigrammes, and was perfectly tolerated, while it produced the usual therapeutic effects of arsenic.

THE ORIGIN OF PELADE.

In the fourth memoir BROCQ presents the following conclusions (*Annales de Dermatologie et de Syphiligraphie*, 1896, No. 6):

The initial stage alone of ordinary benign alopecia areata is microbic. As soon as the peladic patch becomes smooth, microbes can no longer be found, neither in the skin nor in the follicle. In the beginning of the disease almost all the follicles are infected with innumerable microbian colonies belonging to a single bacillary species always the same.

In benign cases the follicular infection is transitory; in chronic or total alopecias the same microbe is found constantly, with the same localizations.

The invariable presence of this microbe wherever there is a beginning peladic lesion gives it a value other than that of an ordinary secondary infection. However, this micro-bacillus, notwithstanding certain differences of form, cannot be distinguished with absolute certainty from the microbe which Hodara has described as the bacillus of acne. If the bacillus of Hodara and that of alopecia areata are the same, it remains to learn why in every case of alopecia this secondary infection is constant, and what role it plays. If they are different, they must be differentiated experimentally. Finally, they may be the same bacillus which, under different vital conditions, may or may not secrete a toxin capable of producing alopecia.

OBSTETRICS.

UNDER THE CHARGE OF

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RETAINED PLACENTA THROUGH CONTRACTION OF THE INTERNAL OS.

GOTTSCHALK (*Berliner klinische Wochenschrift*, 1896, No. 21) reports two cases of this complication of labor, as follows: Each patient had borne a full-term child, labor being characterized by vigorous pains. No considerable bleeding followed the expulsion of the child. On examination the internal os was found so tightly closed that a finger could not enter. Under chloroform-narcosis the fingers were introduced and a small, thin placenta